Only

PAGE 1 / 11 =

FEC FORM 1			RGANIZ		-				Offi	ce Use	Only		•
NAME OF COMMITTEE (in	full)		eck if name hanged)		ple:If typing, he lines.	type	12F	E4M!			,		
Mike Levin													
ADDRESS (number a	nd street)	PO Box 211	2										
(Check if a is changed													
		Capistrano CITY					CA STAT	_ E ▲	9262			ODE A	
COMMITTEE'S E-MA	AIL ADDRE	SS											
(Check if a is changed		fec@cap	compliance.c	om					1 1				
		Optional Se	econd E-Mail Ac	ddress	1 1 1 1	1 1 1	1 1	1 1	1 1	1 1	l l	1 1 1	, I
(Check if a is changed		http://mikele	vin.org										
2. DATE 0)21										
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	000634253									
4. IS THIS STATEM	MENT _	NEW (N) OR	x	AMENDE	D (A)							
I certify that I have e	examined th	is Statement	and to the bes	t of my kn	owledge and	belief it	is true,	correc	t and	comple	ete.		
Type or Print Name	of Treasure	Nissen, Me	lissa, , ,										
Signature of Treasure	er <i>Nissei</i>	ı, Melissa, , ,		[1	Electronically I	Filed]	Date	0	1 /	12] ′ [y y 202	
NOTE: Submission of			plete information E IN INFORMAT							enaltie	s of 2	U.S.C.	 §437g.
Office Use				F	or further info ederal Election oll Free 800-42	Commissio				FEC (Revis	FOF ed 06/2		

Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Nam Can	ne of didate	Levin, Mike, , ,	
	didate y Affiliati	on DEM Office Sought: X House Senate President	State CA District 49
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
Mike Levin for	Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
Levin Victory Fund 20	020	
Mailing Address	600 Pennsylvania Ave SE	
aming your coc	#15180 Washington DC 20003 CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	oossession of committee
Nissen, N	Melissa, , ,	
Mailing Address	600 Pennsylvania Ave SE #15180	
	Washington DC 20003	3
Title or Position	CITY STATE	ZIP CODE
Treasurer		544 - 6960
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Nissen, N	Melissa, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180	
	Washington DC 20003	
Title or Position Treasurer	CITY STATE Telephone number 202 –	ZIP CODE 544 6960

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,		
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington DC 20003	IP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	IP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z	IP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z Depository, etc. California Bank & Trust 550 S Hope St	IIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z Depository, etc. California Bank & Trust 550 S Hope St	IP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z Depository, etc. California Bank & Trust 550 S Hope St Ste 100	IIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Z Depository, etc. California Bank & Trust 550 S Hope St	IIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____11___

h). Joint Fundraisi r	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected California Candid	Organization, Affiliated Committee, Joint Fundates Victory Fund	draising Representativ	re, or Leadership PAC Spons
Mailing Address	777 S Figueroa St		
	Ste 4050		
	Los Angeles	CA	90017
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joing Joing by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintain the deposi	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition and the property of the position and th	ries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____11___

h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Schiff Hold The H	louse 2020		
Mailing Address	777 S Figueroa St		
Mailing Address	Ste 4050		
	Los Angeles	CA	90017
Relationship:	CITY A	STATE A	ZIP CODE A
	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Of America	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Of America	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

(h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Takano California	a Wave		
Mailing Address	PO Box 15320		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ame of Bank, Come	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which laintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(g)	or(h). Joint Fundraising	յ Participant։			
	1	<u> </u>	FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	С
	4.		FEC I	D number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint y Fund	Fundraising Re	presentativ	e, or Leadership PAC Sponsor
	Mailing Address	430 S Capitol St SE			
		FI 2			
		Washington		DC	20002
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - option	nal)		
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone 1	Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in vintains funds.	which the comm	ittee deposit	s funds, holds accounts, rents
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** _____

(h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Hold The House F	Organization, Affiliated Committee, Joint Fund	aising Representative	e, or Leadership PAC Spon
Hold The House F	-tonume Fund		
Mailing Address	401 2nd Ave S		
Mailing Address	Ste 303		
	Seattle	- 10/0	98104
Deletionalina		WA WA	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail arms of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and and and and and and and and and	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail arms of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Lofgren Victory Fo	Organization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
Mailing Address	c/o Contribution Solutions, LLC		
	1346 The Alameda, #7-380		
	San Jose	CA	95126
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization	ndraising Representa	ative Leadership PAC Spon
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail	by name, address (phone number – optional) CITY Telep ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Telep ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail	by name, address (phone number – optional) CITY Telep ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Telep ries: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	SEEC Victory Fun	d		
	Mailing Address	PO Box 15320		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
	•			
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name			
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY		
3.	Full Name	CITY A	STATE A	ZIP CODE A
3.	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. €.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A